PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5245
1. PLACE OF DEATH	(15)	0 4 2 1)
County affire ,	Registration Dist. No. 5	
Village or City of disnaeds	NoSt.,	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and ds, How long in U.S. if of foreign birth?	number) osds.
2. FULL NAME armis L. / DE	la lamas to	03,
	do many	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH They (Day)	, 193 5 (Yaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended	deceased from
DATE OF BIRTH (month, day, and year) Supp. 16, 1856	I last saw her alive on May 6 1933	: death is said
. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	
78 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trada profession or particular	<i>Q</i> , <i>p</i>	Data of onset
SAWYER, BODKKEEPER, etc.	crysipelas	-
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at be the occupation (month and		1000
SAW MILL, BANK, etc	7 pice	9.01
this occupation (month and spent in this occupation		-
2. BIRTHPLACE (city or town) (Stete or country)	Other Coutributory Causes of importance:	-
13. NAME Calum bus / Mulem este		
13. NAME Alumbus Mullem estis 14. BIRTHPLACE (city or town) The	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Cornelia / Such.	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did injury occur?	
7. INFORMANT Water / Suchmuster (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Charact Claudipate May 8, 1935	Nature of injury	
9. UNDERTAKER Q a Harham Y Im. (Address) Mutual Med	24. Was disease or injury in any way related to occupation of deceased?	
0. FILED Many 6 , 19 35 - D. M. Kun	(Signed) Of Surfr	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—	SERTIFICATE OF DEATH 05246
County Calued		Registration Dist. No.
Village or City Slavus Length of residance in city or town where death		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Stellbar	n Ellia	
(a) Residence: No. Solor	MoMS (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3, 1935. (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Mar. 7. AGE Years Months	Deys 1935 If LESS than 1 day,hrs. ormin.	I last sew h alive on, 19, 19; death is said to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc		Gulleturely 20 weeks gestation
10. Pate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Allows (State or country)	ugus Elliall	Other Contributary Causea of Importance:
14. BIRTHPLACE (city of town) (Stata or country)	west to	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)	Marys Marys Elliast Mars	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Solomans Ma	ate 3/14 1935	Manner of injury
19. UNDERTAKER Comurson (Addrass) Locarione	Ellest	24. Wes disease or injury in any way ralated to occupation of dacaesed?
20. FILED 5/14, 1935 D	Estotel Registrar.	(Signal) Jack M. D. M. D

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Example I	1.0	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	-
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
M1 1000	Other contributory causes of importance:	
May 1,1925	Gastroenteruts	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor- state UPA-		CERTIFICATE OF DEATH 05249
	1. PLACE OF DEATH	(23)
tem of should of OCC	County again	Registration Dist. No.
sho of o	Village or City Jaus	No. St., Ward
~ 00	Length of residence in city or pwn where death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) s. How long in U.S. if of foreign birth?
CORD, Every PHYSICIANS ct statement	2. FULL NAME Sussel. Randa	ll
D. SIC	(a) Residence: No. Paus	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
EECC PF Xact	PERSONAL AND STATISTICAL PARTICULARS 3.SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
GENT FOR E.	Temale Coloued OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
MANE A C T assifie	5a. If married, widowad, or divorced HUSBAND OF COPPLIAS Claudell	1 HEREBY CERTIFY, That I attanded daceasad from
BIND ERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) July 11, 1870	Hart saw M Laliva on Man > 195
R I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR BISA PE stated E properly certificate	64 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
TH TH d p d p d b k o	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which	- Luberrulaus Viennona 5/29
ERV] K—T hould may back	work was dona, as SILK MILL, SAW MILL, BANK, etc	
N N N II II	spent in this	
REG I AGE that	year) Cyull 35 occupation Lyfle	Other Contributory Causes of importance:
NEGIN RINEADING plied. AGI	12. BIRTHPLACE (city or town) Unsul Unusually Co	
MARGIN UNFADI supplied. n terms, so		
4. F. E.	E / 0 / 10 0 - 1	
70	14. BIRTHPLACE (city or town)	Name of operation
	15. MAIDEN NAME Rebegga Athony	What test confirmed diagnosis? Was there an autopsy ND
a ii e	15. MAIDEN NAME Rebella Speppin 16. BIRTHPLACE (city or town). Quie aundel	23. if death was due to external causes (VIOLENCE) fill in also the following:
A TI	State or country)	Accident, suicide, or homleide? Date of Injury, 19 Whare did injury occur?
PARA	17. INFORMANT Cu gesse Randage (Address) Randage	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E sh	18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury
RIT ion ISE	Place Price Date Date 190 , 191345	Nature of Injury
-WRIT mation CAUSE TION i	19. UNDERTAKEN Struck Leading (Address)	24. Was disease or injury in any way related to occupation of deceased?
w M	20. FILED 5/2 6 19 35 In Alma	(Signed)
> Z	Registrar.	(Address) Albune Judecal
	If more blanks are needed, address Signe Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

PHYSIC

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

OF DEATH U5	251
Registration Dist. No. 52	
St., St., St., St., St., St., St., St.,	Ward umber) sds.
If nonresident give city or town and ERTIFICATE OF DEATH	State
5 25 (Month) (Day)	193 5 (Year)
CERTIFY, That I attended of	19
d above, atm. H and related causes of Importance	; death is sald
ou Al	Date of onset
rtança;	
Dete of Dete of	u¹opsy?
ses (VIOLENCE) fill In also the following Date of injury	
(Specify city or town, county and Slate INDUSTRY, In HOME, or In PUBLIC PLA	CE.

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Example I	i	Example II	3
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN